118000065319

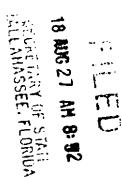
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JJ 3/31/18

Office Use Only



000317567520

88/27/18--01824--819 ★★36.86



COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	RJ Dunn Co	onsulting LLC				
ootober.		Name of Limi	ited Liability Company			
		amendment and fee(s) are sub-	-			
		Rhonda J Dunn	www.			
		RJ Dunn Consulting LLC	Name of Person			
	Firm/Company 141 Washington Street					
		St. Augustine, FL 32084	Address			
		Rhondajdunn2@outlook.com			18 RAGE	**************************************
For further in	nformation co	ncerning this matter, please ca	to be used for future annual report notificall:	cation)	27 AM	
	9	PHONDA DUNN	904 813-9193 at ()		_ c co	
	Name of	Person	Area Code Daytime	Telephone Number	DRIDA ORIDA	
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJ Dunn Consulting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 13, 2018 and assigned Florida document number L18000065319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rhonda McCormick Dunn LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		<u></u>	□ Change
			Add
			Remove
			Change
			₹ 2 2 3 3 3 3 3 3 3 3 3 3
			Remove
			Remove Remove Remove And Add
		 	Add □ Add
		,,	
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

·					-
			<u></u>		_
					-
			-		
		 			_
	·				_
					-
		<u>.</u>			_
	-				=
					-
			-		
			**	ಹ	
· · · · · · · · · · · · · · · · · · ·			<u> </u>	E 6	٠
			- 第5 のご	27	
					Π
			£10	œ	<u>, , , , , , , , , , , , , , , , , , , </u>
- 1-1-1			180 180 190 190 190 190 190 190 190 190 190 19		_
			5_		-
fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the D record specifies a delayed	st be specific and cannot be prior to lock does not meet the applicable partment of State's records.	date of filing or more than le statutory filing requi	rements, this date wil	l not be lis	ted a
The 90th day after the rec		·			
August 20.	2018	. -	Λ		
	Signature of a member or authorize	McCanic and representative of a manufacture of signer	Hann		
	The special state of the second state of the s	opriegement to Or a lill			

Page 3 of 3

Filing Fee: \$25.00